EMS REPORT

INCIDENT INFO

Date MM/DD/YYYY | Inc # | Jur Sta | PD Unit # | ☐ No Pt ☐ Cx at Scene ☐ PuB Asst ☐ DOA ☐ Pronc'd by Base ☐ IFT ☐ Pg 2

Inc Loc — Street Number | Street Name | Type | Apt # | City Code | Incident Zip Code

Prov	A/B/H	Unit	Disp	Arrival	At Pt	Left	At Fac	Avail	Team Member ID	
									#1	#2
									#3	#4
									#5	#6
									#7	#8

TRANS

B. Contact	Protocol	Protocol	B. Ntfd	Rec Fac

☐ AMA ☐ Code 3 | MAR: ___ ___ ___ ☐ ED Sat

VIA: ☐ ALS ☐ BLS ☐ Heli ☐ No Transport

Trans To: ☐ MAR ☐ PeriNat ☐ EDAP ☐ ASC ☐ Other ☐ SRC ☐ TC/PTC ☐ PMC

Reason: ☐ No SC Req'd ☐ SC Guide ☐ Request ☐ No SC Access ☐ EXtremis ☐ Criteria ☐ Guideline ☐ Judgment

PT INFO

Name/Last | First | MI | DOB / / | Phone ( )

Address | City | Zip | Total Mileage

Insurance | Hospital ID | PMD Name | Partial SS # (last 5 digits)

COMMENTS

HX — SEDS in past 48 hrs ☐ Y ☐ N

ALlergies

MEds

COMPLAINTS

MEDICAL

☐ Abd/Pelvic Pain ☐ Allergic Reaction ☐ A.L.T.E. ☐ Altered Loc ☐ Apnea Episode ☐ Bleeding Oth Site ☐ BEHavioral ☐ AgitateD
☐ Cardiac Arrest ☐ DOA ☐ Chest Pain ☐ CHoking/Airway Obst ☐ Cough/Congestion ☐ DYsrhythmia
☐ FEver ☐ Foreign Body ☐ GI Bleed ☐ Head Pain ☐ HYpoglycemia ☐ Local Neuro Signs ☐ Nausea/Vomiting
☐ Near Drowning ☐ Neck/Back Pain ☐ NOsebleed ☐ OBstetrics ☐ LAbor ☐ NeWborn ☐ OD/POisoning ☐ PalpitationS
☐ Respiratory Arrest ☐ SEizure ☐ Shortness of Breath ☐ SYncope ☐ WEak/DIzzy ☐ VAginal Bleed
☐ No Medical Complaint ☐ Inpatient Medical ☐ Other Pain ☐ Medical Device Complaint ☐ OTher ___

TRAUMA

☐ No Apparent Injury ☐ BUrns/Elec. Shock ☐ SBP <90, <70 (<1yr) ☐ RR <10/>29, <20 (<1yr) ☐ Susp. Pelvic FX. ☐ Spinal Cord Injury ☐ Inpatient Trauma

B P: ☐ ☐ Minor Lacerations

B P: ☐ ☐ Traumatic Arrest ☐ ☐ Head ☐ GCS≤14 ☐ ☐ Face/mouth ☐ ☐ Neck ☐ ☐ Back ☐ ☐ Chest ☐ Flail Chest ☐ ☐ Tension Pneum

B P: ☐ ☐ Abdomen ☐ Diffuse Abd. Tend ☐ ☐ Genital/ButtocKs ☐ ☐ Extremities ☐ EXtr ↑ knee/elbow ☐ FRactures ≥ 2 long ☐ ☐ Amp ↑ wrIst/ankle ☐ ☐ Neur/Vasc/Mangl'd

MECHANISM

Protective Devices: ☐ SeatBelt ☐ AirBag ☐ HeLmet ☐ CarSeat/Booster

☐ Enclosed Veh. ☐ EJected ☐ EXtricated @____ ☐ Pass. Space Intr. ☐ >12" ☐ >18" ☐ Survived Fatal Accident ☐ Impact >20 mph unenclosed ☐ Ped/Bike Runover/Thrown/>20mph ☐ Ped/Bike <20mph ☐ Motorcycle/Moped

☐ SPorts/Recreation ☐ ASsault ☐ STabbing ☐ GSW ☐ ANimal Bite ☐ CRush ☐ FAll ☐ >15ft/>10ft ☐ Electrical Shock ☐ Thermal Burn

☐ Self-Inflict'd/Acc. ☐ Self-Inflict'd/Int. ☐ HazMat Exposure ☐ Work-Related ☐ Telemetry Data ☐ Medical Hx ☐ Anti-Coag ☐ UNknown ☐ OTher: ___

PHYS

PUPIL: ☐ PERL ☐ Unequal ☐ PInpoint ☐ Sluggish ☐ Fixed & Dil. ☐ Cataracts ☐ Pt's Nml

RESP: ☐ Normal ☐ Unequal ☐ JVD ☐ Clear ☐ Stridor ☐ AMU ☐ Wheezes ☐ Rales ☐ Labored ☐ RHonchi ☐ SnorinG ☐ Apnea

SKIN: ☐ Normal ☐ Jaundiced ☐ Cyanotic ☐ Pale ☐ Flushed ☐ Warm ☐ Hot ☐ CoLd ☐ Diaph

Cap Refill: ☐ NoRmal/ ☐ DElayed

12 LEAD: 12 LEAD TIME: ___ ☐ NL ☐ ABnl ☐ STEMI ☐ ArtiFact ☐ Wavy Baseline ☐ Paced Rhythm

VS SIGNS

Time	TM#	BP	Pulse	Resp	SpO2%	T Vol (N + –)	Pain (0-10)
		/					
		/					
		/					
		/					
		/					

MEDS/DEFIB

Time	TM#	Rhythm	Meds/Defib	Dose	Route	Result
		c̄				
		c̄				
		c̄				
		c̄				
		c̄				

Attach EKG

ARREST

Wit. ☐ Citizen ☐ EMS ☐ None ☐ Citizen CPR ☐ Citizen AED

EMS CPR @ _____ (time)

☐ Arrest to CPR: _____ (min)

☐ AED ☐ Analyze ☐ Defib

☐ ALS Resuscitation (use page 2)

Reason(s) for withholding resuscitation:

☐ DNR/AHCD/POLST
☐ ASY> ___min ___ Time of 814 Death
☐ RIgor ☐ LIvidity ☐ Bl. Trauma
☐ OTher _____
☐ FAmily: _____ (relationship)
(sig) _____

PRN Meds

☐ ALB ☐ NTG ☐ MID ☐ MS ☐ D50 ☐ GLU ☐ NAR
OT _____

☐ MIDAZOLAM Given: ___ mg Wasted: ___ mg

☐ MORPHINE Given: ___ mg Wasted: ___ mg

Narcotic wasted: RN Witness
Name (print) _____
Signature: _____

Reassessment after Therapies and/or Condition on Transfer:

Total IV Fluids Received: _____ ml's

Care Transferred To: ☐ Facility ☐ ALS ☐ BLS ☐ Heli

Transfer VS

Time	TM#	BP	Pulse	Resp	SpO2	EKG	GCS E	GCS M	GCS V
						c̄			

Signature TM completing form

Sig #1 | Sig #2 | Reviewed By

PATIENT ASSESSMENT

Pt ____of____ # Pts ____ Transported

Orig. Seq. # _____

RC

Age ____ ☐ Y ☐ M ☐ D ☐ H ☐ Est.

Gender: ☐ M ☐ F

Wt ____ ☐ lb ☐ kg

Peds Color Code ☐ Too Tall

Distress Level ☐ Sev ☐ Mod ☐ MilD ☐ None

Complaint { 1 2 3 4

Mechanism of Injury { 1 2 3 4

GCS/mLAPSS

Time		
Eyes		
Verbal		
Motor		
GCS Total		

☐ NorMal for pt / Age

mLAPSS ☐ Met ☐ Not Met

Last known well:

Date: _____ ☐ UNK

Time: _____

SPECIAL CIRCUMSTANCES

☐ BArriers to Pt Care _____
☐ Poison Control Contacted
☐ Abuse Suspected
Reported To: _____
☐ ETOH Suspected
☐ Drugs Suspected

THERAPIES

TM #

☐ Bk Blows/Thrust ___
☐ BVM ___
☐ Breath Sounds
☐ Chest Rise
☐ Existing Trach.
☐ OP/NP Airway ___
☐ Cooling Measures ___
☐ DRessings ___
☐ Ice Pack ___
☐ TourniQuet ___
☐ OXy ____NC or M ___
☐ REstraints ___
☐ Distal CSM Intact ___
☐ Spinal MotIon Rest ___
☐ CMS Intact - Before ___
☐ CMS Intact - After ___
☐ SPlint ☐ Traction S ___
☐ SUction ___
☐ BLd Gluc #1 ___ ___
#2 ___ ___
☐ CPAP @ ___ cm H_2O ___
@ _____ time
☐ FB Removal ___
☐ IV ___ g___ site ___
☐ I.O. ___ g___ site ___
☐ Needle THoracost ___
☐ Vagal Maneuvers ___
☐ TC Pacing, mA ___ ___
@Time _____ bpm ___
☐ OTher _____ ___

PATIENT RELEASE

I hereby release: _____ EMS provider and
Por este acto relévio ***proveedor de asistencia y***
Hospital (if base contact made) from any _____
hospital de posibilidad de incurrir en demanda

liability of medical claims resulting from my refusal of emergency care and/or transportation to the nearest
medical resultado de mi denegación de tratamiento emergencia o transportacion a la clinica mas proxima. A mas

recommended medical facility. I further understand that I have been directed to contact my personal physician as to my
de esto, comprendo yo que me han dado instrucciones a communicar con mi medico privado de mi estato medical

present condition as soon as possible. I have received an explanation of the potential consequences of my refusal
tan pronto como es posible. Me han explicado la importancia de mi opcion y los resultados posible por mi denegacion.

Risks / Consequences: _____
Riesgos / Consequencias:

_____

_____

_____

Reason for refusal: _____
Mi argumento para denegar:

_____

Additional comments: _____
Mas comentos:

_____

Patient Signature ***Firma del Paciente***	Date ***Fecha***
Legal Representative ***Custodio Legal***	Relationship to Patient ***Parentesco al Paciente***
Witness 1 ***Presenciador***	Date ***Fecha***
Witness 2 ***Presenciador***	Date ***Fecha***

Yes

- ☐ GCS = 15
- ☐ Advised of risks and consequences
- ☐ Interpreter used: Name: _____
- ☐ Patient has plans for follow up

Yes

- ☐ Advised alternative medical care at once
- ☐ Understands consequences of refusal
- ☐ Instructed to recontact 911 if patient's condition deteriorates or patient reconsiders the need for 911 assistance

Refused: ☐ Treatment
☐ Transport

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B. Contact	Protocol	Protocol	B. Ntfd	Rec Fac

VIA: ☐ ALS ☐ BLS ☐ Heli ☐ No Transport

Trans To: ☐ MAR ☐ PeriNat ☐ EDAP ☐ ASC ☐ Other ☐ SRC ☐ TC/PTC ☐ PMC

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PT INFO

Name/Last | First | MI | DOB / / | Phone ( )

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Cap Refill: ☐ NoRmal/ ☐ DElayed

12 LEAD: 12 LEAD TIME: ____ ☐ NL ☐ ABnl ☐ STEMI ☐ ArtiFact ☐ Wavy Baseline ☐ Paced Rhythm

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		/					
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		/					
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		/					

MEDS / DEFIB

Time	TM#	Rhythm	Meds/Defib	Dose	Route	Result
		c̄				
		c̄ Attach EKG				
		c̄				
		c̄				
		c̄				

ARREST

Wit. ☐ Citizen ☐ EMS ☐ None ☐ Citizen CPR ☐ Citizen AED

EMS CPR @ _____ (time)

☐ Arrest to CPR: _____ (min)

☐ AED ☐ Analyze ☐ Defib

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Transfer VS

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						c̄			

Signature TM completing form

Sig #1 | Sig #2 | Reviewed By

PATIENT ASSESSMENT

Pt ____of____ # Pts ____ Transported

Orig. Seq. # _____

RC

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Gender: ☐ M ☐ F

Wt ____ ☐ lb ☐ kg

Peds Color Code ☐ Too Tall

Distress Level ☐ Sev ☐ Mod ☐ MilD ☐ None

Complaint { 1 2 3 4

Mechanism of Injury { 1 2 3 4

GCS/mLAPSS

Time		
Eyes		
Verbal		
Motor		
GCS Total		

☐ NorMal for pt / Age

mLAPSS ☐ Met ☐ Not Met

Last known well:

Date: _____ ☐ UNK

Time: _____

SPECIAL CIRCUMSTANCES

☐ BArriers to Pt Care _____
☐ Poison Control Contacted
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Reported To: _____
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THERAPIES

TM #

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☐ CMS Intact - Before ____
☐ CMS Intact - After ____
☐ SPlint ☐ Traction S ____
☐ SUction ____
☐ BLd Gluc #1 ____ ____
#2 ____
☐ CPAP @ ____ cm H_2O ____
@ _____ time
☐ FB Removal ____
☐ IV ____ g____ site ____
☐ I.O. ____ g____ site ____
☐ Needle THoracost ____
☐ Vagal Maneuvers ____
☐ TC Pacing, mA ____ ____
@Time _____ bpm ____
☐ OTher _____ ____

PED. GLASGOW COMA SCALE

EYE OPENING

Spontaneously	4
To speech	3
To pain	2
No opening	1

BEST VERBAL RESPONSE

Smiles, tracks objects	5
Cries but consolable	4
Inconsistently inconsolable, moaning	3
Inconsolable, agitated	2
No response	1

BEST MOTOR RESPONSE

Spontaneous or purposeful	6
Withdraws from touch	5
Withdraws from pain	4
Abnormal flexion	3
Abnormal extension	2
No response	1

NORMAL PEDIATRIC VITAL SIGNS

	Heart Rate	Resp Rate
Infant	100-180	30-60
Toddler	80-110	24-40
Preschooler	70-110	22-23
School-age	60-110	18-30

Normal Blood Pressure can be estimated:
90 + (2x age in years) = Systolic BP

PEDIATRIC AGE / ASSESSMENT

PRINCIPLES:

1. Pediatric patients require special consideration in assessment, treatment and administration of medication.
2. The treatment and concentration of medications are age or weight specific for the pediatric patient.
3. For purposes of destination, pediatric patients in the prehospital setting are defined as children 1**4 years of age or younger**.
4. Apparent Life Threatening Event (ALTE) is defined as an episode characterized by a combination of any of the following (for children 12 months and under):
   - Apnea
   - Choking or gagging
   - Color change (usually cyanosis, but occasionally erythema)
   - Marked change in muscle tone (usually limpness)

GUIDELINES:

1. A Pediatric Resuscitation Tape shall be used to obtain the patient's weight and treatment color code on all ALS pediatric patients. Pediatric patients < 12 years or height greater than the length of the pediatric tape, who require ventilatory support will be managed with BLS measures as indicated.
2. A King LTS-D may be used for pediatric patients ≥ 12 years of age.
   - Small Adult (Height between 4 feet and 5 feet)
   - Adult (Height between 5 feet and 6 feet)
   - Large Adult (Height 6 feet and taller)
3. Child CPR is used for patients from 1 year of age to the onset of puberty..
4. Infant CPR is used for patients 2-13 months.
5. Neonatal CPR isused for patients newborn to 1 month of age.
6. AED may be used for all children. Pediatric pads are recommended for infants and children <8 years of age. For children ≥ 8 years of age, use a standard AED.

ECG CODES

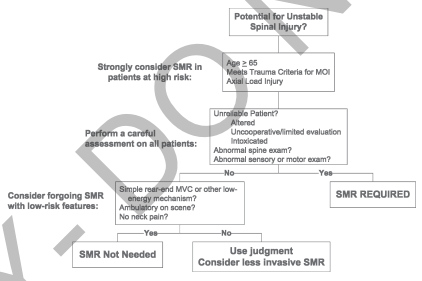
AFI	Atrial Fibrillation	PAC	Premature Atrial Contrac
AFL	Atrial Flutter	PAT	Paroxysmal Atrial Tach
AGO	Agonal Rhythm	PEA	Pulseless Elec Activity
ASY	Asystole	PST	Paroxysmal Supravent Tach
AVR	Accelerated Ventricular	PVC	Premature Ventric Contrac
1HB	1-Heart Block	SR	Sinus Rhythm
2HB	2-Heart Block	SB	Sinus Bradycardia
3HB	3-Heart Block	ST	Sinus Tachycardia
IV	Idioventricular	SVT	Supraventricular Tach
JR	Junctional Rhythm	VF	Ventricular Fibrillation
NSR	Normal Sinus Rhythm	VT	Ventricular Tachycardia
PM	Pacemaker		

Monitoring Principles:

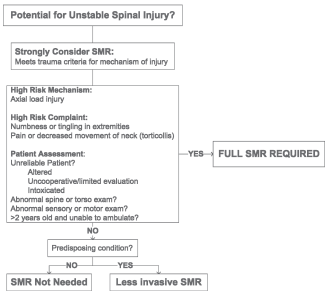
1. Any patient placed on a cardiac monitor should remain on the monitor until care is transferred.
2. Any patient that requires a monitor should have a 6 second strip attached to the original and receiving facility copies of the EMS Report Form.

SPINAL MOTION RESTRICTION

ADULT



PEDS



MEDICATIONS / DEFIBRILLATION

Medications:

ADE	Adenosine
ALB	Albuterol
AMI	Amiodarone
ASA	Aspirin
ATR	Atropine
BEN	Benadryl
BIC	Sodium Bicarbonate
CAL	Calcium Chloride
D10	10% Dextrose
D25	25% Dextrose
D50	50% Dextrose
DOP	Dopamine
EPI	Epinephrine
FEN	Fentanyl
GLU	Glucagon
GLP	Oral Glucose Paste
COL	Glucola
MAG	Magnesium Sulfate Study
MID	Midazolam
MS	Morphine Sulfate
NAR	Narcan
NTG	Nitroglycerin
OND	Ondansetron

Medications Routes:

IM	Intramuscular
IN	Inhaled/Inhalation/Intranasal
IO	Intraosseous
IV	Intravenous
PB	Piggyback
PO	By Mouth
SL	Sublingual
SQ	Subcutaneous

Dose:

FC	Fluid Challenge
TKO	To Keep Open
WO	Wide Open

Defibrillation:

CAR	Cardioversion
DEF	Defibrillation
TCP	Transcutaneous Pacing

IV Access: (Chart as medication)

NS	Normal Saline
SL	Saline Lock
IVU	IV Unobtainable

GLASGOW COMA SCALE

EYE OPENING

Spontaneously	4
To Verbal Command	3
To Pain	2
No Response	1

BEST VERBAL RESPONSE

Oriented	5
Confused	4
Inappropriate Words	3
Incomprehensible Sounds	2
No Response	1

BEST MOTOR RESPONSE

Obedient	6
Purposeful	5
Withdrawal	4
Flexion	3
Extension	2
No Response	1

Modified Los Angeles Prehospital Stroke Screen (mLAPSS)

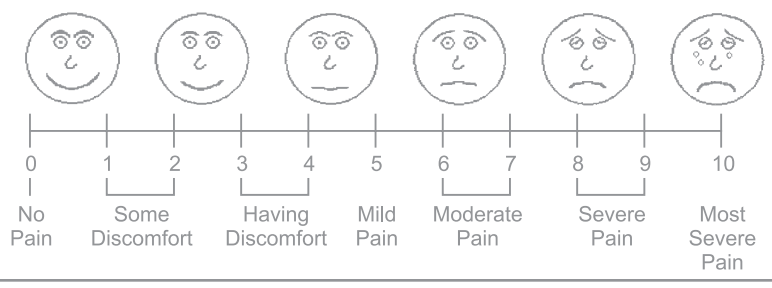
MODIFIED LAPSS CRITERIA

1. Symptoms less than 2 hours duration
2. No history of seizures or epilepsy
3. Age equal to or greater than 40 years
4. At baseline, not wheelchair bound or bedridden
5. Blood glucose between 60 and 400 mg/dl
6. Motor Exam: Examine for obvious asymmetry (positive if one or more of the following is met)
   a. Facial Smile/Grimace
   b. Grip
   c. Arm Strength

FLACC (Face, Legs, Activity, Cry and Consolability) (< 3 yrs or with cognitive impairment)

	Behavior	0	1	2
F	Face	No particular expression or smile	Occasional grimace or frown, withdrawn, disinterested	Frequent to constant frown, clenched jaw, quivering chin
L	Legs	Normal position or relaxed	Uneasy, restless, tense	Kicking or legs drawn up
A	Activity	Lying quietly, normal position, moves easily	Squirming, tense, shifting back and forth, hesitant to move, guarding	Arched, rigid or jerking, fixed position, rubbing of body part
C	Cry	No cry/moan (awake or asleep)	Moans or whispers, occasional cries, sighs or complaint	Cries steadily, screams, sobs, moans, groans, frequent complaints
C	Consolability	Calm, content, relaxed, needs no consoling	Reassured by hugging, talking to, distractible	Difficult to console or comfort

PAIN SCALE (Document on all patients complaining of pain and after all medications for the relief of pain)



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TRANS

B. Contact	Protocol	Protocol	B. Ntfd	Rec Fac
___ ___ ___	___ ___ ___	___ ___ ___	___ ___ ___	___ ___ ___

☐ AMA ☐ Code 3 | MAR: ___ ___ ___ ☐ ED Sat

VIA: ☐ ALS ☐ BLS ☐ Heli ☐ No Transport

Trans To: ☐ MAR ☐ PeriNat ☐ EDAP ☐ ASC ☐ Other ☐ SRC ☐ TC/PTC ☐ PMC

Reason: ☐ No SC Req'd ☐ SC Guide ☐ Request ☐ No SC Access ☐ EXtremis ☐ Criteria ☐ Guideline ☐ Judgment

PT INFO

Name/Last | First | MI | DOB / / | Phone ( )

Address | City | Zip | Total Mileage

Insurance | Hospital ID | PMD Name | Partial SS # (last 5 digits)

COMMENTS

HX — SEDS in past 48 hrs ☐ Y ☐ N

ALlergies

MEds

COMPLAINTS

MEDICAL

☐ Abd/Pelvic Pain ☐ Allergic Reaction ☐ A.L.T.E. ☐ Altered Loc ☐ Apnea Episode ☐ Bleeding Oth Site ☐ BEHavioral ☐ AgitateD
☐ Cardiac Arrest ☐ DOA ☐ Chest Pain ☐ CHoking/Airway Obst ☐ Cough/Congestion ☐ DYsrhythmia
☐ FEver ☐ Foreign Body ☐ GI Bleed ☐ Head Pain ☐ HYpoglycemia ☐ Local Neuro Signs ☐ Nausea/Vomiting
☐ Near Drowning ☐ Neck/Back Pain ☐ NOsebleed ☐ OBstetrics ☐ LAbor ☐ NeWborn ☐ OD/POisoning ☐ PalpitationS
☐ Respiratory Arrest ☐ SEizure ☐ Shortness of Breath ☐ SYncope ☐ WEak/DIzzy ☐ VAginal Bleed
☐ No Medical Complaint ☐ Inpatient Medical ☐ Other Pain ☐ Medical Device Complaint ☐ OTher ___

TRAUMA

☐ No Apparent Injury ☐ BUrns/Elec. Shock ☐ SBP <90, <70 (<1yr) ☐ RR <10/>29, <20 (<1yr) ☐ Susp. Pelvic FX. ☐ Spinal Cord Injury ☐ Inpatient Trauma

B	P	
☐	☐	Minor Lacerations
☐	☐	Traumatic Arrest
☐	☐	Head ☐ GCS≤14
☐	☐	Face/mouth
☐	☐	Neck
☐	☐	Back
☐	☐	Chest
☐	☐	Flail Chest
☐	☐	Tension Pneum
☐	☐	Abdomen
☐	☐	Diffuse Abd. Tend
☐	☐	Genital/ButtocKs
☐	☐	Extremities
☐	☐	EXtr ↑ knee/elbow
☐	☐	FRactures ≥ 2 long
☐	☐	Amp ↑ wrIst/ankle
☐	☐	Neur/Vasc/Mangl'd

MECHANISM

Protective Devices: ☐ SeatBelt ☐ AirBag ☐ HeLmet ☐ CarSeat/Booster

☐ Enclosed Veh. ☐ EJected ☐ EXtricated @____ ☐ Pass. Space Intr. ☐ >12" ☐ >18" ☐ Survived Fatal Accident ☐ Impact >20 mph unenclosed ☐ Ped/Bike Runover/Thrown/>20mph ☐ Ped/Bike <20mph ☐ Motorcycle/Moped
☐ SPorts/Recreation ☐ ASsault ☐ STabbing ☐ GSW ☐ ANimal Bite ☐ CRush ☐ FAll ☐ >15ft/>10ft ☐ Electrical Shock ☐ Thermal Burn
☐ Self-Inflict'd/Acc. ☐ Self-Inflict'd/Int. ☐ HazMat Exposure ☐ Work-Related ☐ Telemetry Data ☐ Medical Hx ☐ Anti-Coag ☐ UNknown ☐ OTher:___

PHYS

PUPIL: ☐ PERL ☐ Unequal ☐ PInpoint ☐ Sluggish ☐ Fixed & Dil. ☐ Cataracts ☐ Pt's Nml

RESP: ☐ Normal ☐ Unequal ☐ JVD ☐ Clear ☐ Stridor ☐ AMU ☐ Wheezes ☐ Rales ☐ Labored ☐ RHonchi ☐ SnorinG ☐ Apnea

SKIN: ☐ Normal ☐ Jaundiced ☐ Cyanotic ☐ Pale ☐ Flushed ☐ Warm ☐ Hot ☐ CoLd ☐ Diaph

Cap Refill: ☐ NoRmal/ ☐ DElayed

12 LEAD: 12 LEAD TIME: ___ ☐ NL ☐ ABnl ☐ STEMI ☐ ArtiFact ☐ Wavy Baseline ☐ Paced Rhythm

VS SIGNS

Time	TM#	BP	Pulse	Resp	SpO2%	T Vol (N + –)	Pain (0-10)
		/					
		/					
		/					
		/					
		/					

MEDS/DEFIB

Time	TM#	Rhythm	Meds/Defib	Dose	Route	Result
		c̄				
		c̄ Attach EKG				
		c̄				
		c̄				
		c̄				

ARREST

Wit. ☐ Citizen ☐ EMS ☐ None
☐ Citizen CPR ☐ Citizen AED
EMS CPR @ _____ (time)
☐ Arrest to CPR: _____ (min)
☐ AED ☐ Analyze ☐ Defib
☐ ALS Resuscitation (use page 2)

Reason(s) for withholding resuscitation:
☐ DNR/AHCD/POLST
☐ ASY> ___min ___ Time of 814 Death
☐ RIgor ☐ LIvidity ☐ Bl. Trauma
☐ OTher _____
☐ FAmily: _____ (relationship)
(sig) _____

PRN Meds
☐ ALB ☐ NTG
☐ MID
☐ MS
☐ D50 ☐ GLU
☐ NAR
OT _____

☐ MIDAZOLAM Given: ___ mg Wasted: ___ mg
☐ MORPHINE Given: ___ mg Wasted: ___ mg
Narcotic wasted: RN Witness
Name (print) _____
Signature: _____

Reassessment after Therapies and/or Condition on Transfer:

Total IV Fluids Received: _____ ml's

Care Transferred To: ☐ Facility ☐ ALS ☐ BLS ☐ Heli

Transfer VS

Time	TM#	BP	Pulse	Resp	SpO2	EKG	GCS E	GCS M	GCS V
						c̄			

Signature TM completing form
Sig #1 Sig #2 Reviewed By

PATIENT ASSESSMENT

Pt ___of___ # Pts ___ Transported
Orig. Seq. # _____
RC
Age ___ ☐ Y ☐ M ☐ D ☐ H ☐ Est.
Gender: ☐ M ☐ F
Wt ___ ☐ lb ☐ kg
Peds Color Code ☐ Too Tall
Distress Level ☐ Sev ☐ Mod ☐ MilD ☐ None
Complaint { 1 2 3 4
Mechanism of Injury { 1 2 3 4

GCS/mLAPSS

Time		
Eyes		
Verbal		
Motor		
GCS Total		

☐ NorMal for pt / Age
mLAPSS ☐ Met ☐ Not Met
Last known well:
Date: _____ ☐ UNK
Time: _____

SPECIAL CIRCUMSTANCES

☐ BArriers to Pt Care _____
☐ Poison Control Contacted
☐ Abuse Suspected
Reported To: _____
☐ ETOH Suspected
☐ Drugs Suspected

THERAPIES

TM #

☐ Bk Blows/Thrust ___
☐ BVM ___
☐ Breath Sounds
☐ Chest Rise
☐ Existing Trach.
☐ OP/NP Airway ___
☐ Cooling Measures ___
☐ DRessings ___
☐ Ice Pack ___
☐ TourniQuet ___
☐ OXy ___NC or M ___
☐ REstraints ___
☐ Distal CSM Intact ___
☐ Spinal MotIon Rest ___
☐ CMS Intact - Before ___
☐ CMS Intact - After ___
☐ SPlint ☐ Traction S ___
☐ SUction ___
☐ BLd Gluc #1 ___ ___
#2 ___ ___
☐ CPAP @ ___ cm H_2O ___
@ _____ time
☐ FB Removal ___
☐ IV ___ g___ site ___
☐ I.O. ___ g___ site ___
☐ Needle THoracost ___
☐ Vagal Maneuvers ___
☐ TC Pacing, mA ___ ___
@Time _____ bpm ___
☐ OTher _____ ___

RECEIVING FACILITIES

(Base Hospitals are noted in Bold)

ACH Alhambra Hospital
ANH Anaheim Regional Medical Center (Orange County)
AVH Antelope Valley Medical Center
ARM Arrowhead Regional Medical Center (SB County)
BEL Bellflower Medical Center
BEV Beverly Hospital
CAL California Hospital Medical Center
AHM Catalina Island Medical Center
CSM Cedars-Sinai Hospital Medical Center
CNT Centinela Hospital Medical Center
CHH Childrens Hospital Los Angeles
CHI Chino Valley Medical Center (San Bernardino Co)
ICH Citrus Valley Medical Center-Intercommunity Campus
QVH Citrus Valley Medical Center-Queen of the Valley Campus
CHO Children's Hospital of Orange County (Orange County)
CPM Coast Plaza Doctors Hospital
PLB College Medical Center
CHP Community Hospital of Huntington Park
LBC Community Hospital of Long Beach
ELA East Los Angeles Doctors Hospital
HEV East Valley Hospital
ENH Encino Hospital Medical Center
FPH Foothill Presbyterian Hospital
GAR Garfield Medical Center
GWT Glendale Adventist Medical Center
GMH Glendale Memorial Hospital/ Health Center
GSH Good Samaritan Hospital
GEM Greater El Monte Community Hospital
HGH Harbor-UCLA Medical Center
HMN Henry Mayo Newhall Memorial Hospital
HMH Huntington Memorial Hospital
KFA Kaiser Foundation - Baldwin Park
KFB Kaiser Foundation - Downey
KFF Kaiser Foundation - Fontana (San Bernardino Co.)
KFI Kaiser Foundation - Irvine (Orange Co)
KFH Kaiser Foundation - South Bay
KFL Kaiser Foundation - Los Angeles
KFN Kaiser Foundation - Ontario (San Bernardino Co)
KFP Kaiser Foundation - Panorama City
KFW Kaiser Foundation - West Los Angeles
KFO Kaiser Foundation - Woodland Hills
KHA Kaiser Hospital Anaheim (Orange Co.)
LPI La Palma Intercommunity Hospital (Orange Co)
OVM LAC Olive View Medical Center
USC LAC+USC Medical Center
DHL Lakewood Regional Medical Center
LBM Long Beach Memorial Medical Center
LLU Loma Linda University Medical Center (San Bernardino Co)
LAG Los Alamitos Medical Center (Orange Co)
NOR Los Angeles Community Hospital of Norwalk
LRR Los Robles Regional (Ventura Co.)
DFM Marina Del Rey Hospital
MHG Memorial Hospital of Gardena
AMH Methodist Hospital of Southern California
DHM Montclair Hospital Medical Center (San Bernardino Co)
MPH Monterey Park Hospital
NRH Northridge Hospital Medical Center
MCP Mission Community Hospital
MID Olympia Medical Center
OTH Other Hospital Not on List
PAC Pacifica Hospital of the Valley
LCH Palmdale Regional Medical Center
PLH Placentia Linda (Orange County)
PVC Pomona Valley Hospital Medical Center
DCH PIH Health - Downey
PIH PIH Health Hospital - Whittier
HCH Providence Holy Cross Medical Center
SPP Providence LCM San Pedro Hospital
LCM Providence Little Company of Mary Hospital
SJS Providence Saint Joseph Medical Center
TRM Providence Tarzana Medical Center
QOA Queen of Angels/Hollywood Presbyterian Medical Center
RCC Ridgecrest Community Hospital (Kern Co.)
UCL Ronald Reagan UCLA Medical Center
SFM Saint Francis Medical Center
SJH Saint John's Health Center
SJO Saint John's Regional Medical Center (Ventura Co)
SJD Saint Jude Medical Center (Orange Co)
SMM Saint Mary Medical Center
SAC San Antonio Community Hospital (San Bernardino Co)
SDC San Dimas Community Hospital
SGC San Gabriel Valley Medical Center
SMH Santa Monica-UCLA Medical Center
SOC Sherman Oaks Community Hospital
BMC Southern California Hospital at Culver City
TOR Torrance Memorial Medical Center
TRI Tri-City Regional Medical Center
UCI UCI Medical Center (Orange Co)
VPH Valley Presbyterian Hospital
VHH USC Verdugo Hills Hospital
HWH West Hills Hospital and Medical Center
WMH White Memorial Hospital
WHH Whittier Hospital Medical Center

CONTACT CODES

CNA Contact Not Attempted
MAC Medical Alert Center
PRO Protocol Run

AMBULANCE CODES

AM Adult Medical Transportation
AI Air Force Plant 42
AE Aegis
AU AmbuServe
AC Americare
AD AmeriPride Ambulance Service
AR AMR
AN Antelope Ambulance Service
BO Bowers
CA Care Ambulance
EL Elite Ambulance
EA Emergency Ambulance Service
GC Gentle Care Transport
GR Gentle Ride Ambulance
GE Gerber
GU Guardian
IA Impulse Ambulance
LT Liberty Ambulance
MA Mauran
MT MedCoast Ambulance
ML Med-Life Ambulance Service
MR Med Reach
MI MedResponse, Inc.
ME Mercy Ambulance
PT Priority One
PM PRN Medical Transport
RR Rescue Services (Medic 1)
RY Royalty Ambulance Services
SC Schaefer
SY Symons Ambulance (Special Events Only)
TR Trinity Ambulance Service
UC UCLA Emer Med Serv
WE West Coast Ambulance
WM Westmed/McCormick Ambulance
OT Other

HELICOPTER CODES

CF LA County Fire
CG US Coast Guard
CI LA City Fire Dept
CS LA Co Sheriff Dept
RE REACH Air Medical Services
OH Other Helicopter
MY Mercy Air Ambulance
UF Upland Fire
VC Ventura Co Sheriff Dept

CITY CODES

AG Agoura Hills
AL Alhambra
AD Altadena
AR Arcadia
AT Artesia
AV Avalon
AZ Azusa
BP Baldwin Park
BL Bell
BG Bell Gardens
BE Bellflower
BH Beverly Hills
BR Bradbury
BU Burbank
CB Calabasas
CA Carson
CT Century City
CE Cerritos
CH Chatsworth
CL Claremont
CO Commerce
CM Compton
CV Covina
CR Crenshaw
CU Cudahy
CC Culver City
DB Diamond Bar
DO Downey
DU Duarte
ER Eagle Rock
EM El Monte
ES El Segundo
EN Encino
GA Gardena
GL Glendale
GW Glendora
GV Glenview
GR Gorman
GH Granada Hills
HC Hacienda Heights
HG Hawaiian Gardens
HA Hawthorne
HB Hermosa Beach
HH Hidden Hills
HI Highland Park
HO Hollywood
HP Huntington Park
IN Industry
IG Inglewood
IR Irwindale
LC La Canada/Flintridge
LR La Crescenta
LH La Habra Hghts
LL Lake Los Angeles
LM La Mirada
LP La Puente
LV La Verne
LK Lakewood
LT Lancaster
LN Lawndale
LO Lomita
LB Long Beach
LA Los Angeles
LY Lynwood
MA Malibu
MC Malibu Beach
MB Manhattan Beach
MD Marina del Rey
MW Maywood
MN Montrose
MV Monrovia
MO Montebello
MP Monterey Park
MT Montclair
NE Newhall
NH North Hollywood
NR Northridge
NO Norwalk
PP Palos Verdes Peninsula
PC Pacoima
PD Palmdale
PV Palos Verdes Est
PM Paramount
PA Pasadena
PR Pico Rivera
PY Playa del Rey
PO Pomona
QH Quartz Hill
RP Rancho P V
RB Redondo Beach
RS Reseda
RH Rolling Hills
RE Rolling Hills Est
RM Rosemead
RL Rowland Heights
SD San Dimas
SF San Fernando
SG San Gabriel
SN San Marino
SR San Pedro
SC Santa Clarita
SS Santa Fe Springs
SM Santa Monica
SA Saugus
SK Sherman Oaks
SI Sierra Madre
SH Signal Hill
SE South El Monte
SO South Gate
SP South Pasadena
ST Studio City
SU Sunland
SV Stevenson Ranch
SY Sylmar
TA Tarzana
TC Temple City
TP Topanga
TO Torrance
TU Tujunga
UC Universal City
VA Valencia
VN Van Nuys
VC Venice
VE Vernon
WA Walnut
WC West Covina
WE West Hills
WH West Hollywood
WV Westlake Village
WW Westwood
WI Whittier
WM Wilmington
WL Woodland Hills
OT Other

INCIDENT INFO

Date MM/DD/YYYY | Inc # | Jur Sta | PD Unit # | ☐ No Pt ☐ Cx at Scene ☐ PuB Asst ☐ DOA ☐ Pronc'd by Base ☐ IFT ☐ Pg 2

Inc Loc — Street Number | Street Name | Type | Apt # | City Code | Incident Zip Code

Prov	A/B/H	Unit	Disp	Arrival	At Pt	Left	At Fac	Avail	Team Member ID	
									#1	#2
									#3	#4
									#5	#6
									#7	#8

TRANS

B. Contact	Protocol	Protocol	B. Ntfd	Rec Fac

☐ AMA ☐ Code 3 | MAR: ___ ___ ___ ☐ ED Sat

VIA: ☐ ALS ☐ BLS ☐ Heli ☐ No Transport

Trans To: ☐ MAR ☐ PeriNat ☐ EDAP ☐ ASC ☐ Other ☐ SRC ☐ TC/PTC ☐ PMC

Reason: ☐ No SC Req'd ☐ SC Guide ☐ Request ☐ No SC Access ☐ EXtremis ☐ Criteria ☐ Guideline ☐ Judgment

PT INFO

Name/Last | First | MI | DOB / / | Phone ( )

Address | City | Zip | Total Mileage

Insurance | Hospital ID | PMD Name | Partial SS # (last 5 digits)

COMMENTS

HX — SEDS in past 48 hrs ☐ Y ☐ N

ALlergies

MEds

COMPLAINTS

MEDICAL

☐ Abd/Pelvic Pain ☐ Allergic Reaction ☐ A.L.T.E. ☐ Altered Loc ☐ Apnea Episode ☐ Bleeding Oth Site ☐ BEHavioral ☐ AgitateD
☐ Cardiac Arrest ☐ DOA ☐ Chest Pain ☐ CHoking/Airway Obst ☐ Cough/Congestion ☐ DYsrhythmia
☐ FEver ☐ Foreign Body ☐ GI Bleed ☐ Head Pain ☐ HYpoglycemia ☐ Local Neuro Signs ☐ Nausea/Vomiting
☐ Near Drowning ☐ Neck/Back Pain ☐ NOsebleed ☐ OBstetrics ☐ LAbor ☐ NeWborn ☐ OD/POisoning ☐ PalpitationS
☐ Respiratory Arrest ☐ SEizure ☐ Shortness of Breath ☐ SYncope ☐ WEak/DIzzy ☐ VAginal Bleed
☐ No Medical Complaint ☐ Inpatient Medical ☐ Other Pain ☐ Medical Device Complaint ☐ OTher ___

TRAUMA

☐ No Apparent Injury ☐ BUrns/Elec. Shock ☐ SBP <90, <70 (<1yr) ☐ RR <10/>29, <20 (<1yr) ☐ Susp. Pelvic FX. ☐ Spinal Cord Injury ☐ Inpatient Trauma

B P: ☐ Minor Lacerations

B P: ☐ Traumatic Arrest ☐ Head ☐ GCS≤14 ☐ Face/mouth ☐ Neck ☐ Back ☐ Chest ☐ Flail Chest ☐ Tension Pneum

B P: ☐ Abdomen ☐ Diffuse Abd. Tend ☐ Genital/ButtocKs ☐ Extremities ☐ EXtr ↑ knee/elbow ☐ FRactures ≥ 2 long ☐ Amp ↑ wrIst/ankle ☐ Neur/Vasc/Mangl'd

MECHANISM

Protective Devices: ☐ SeatBelt ☐ AirBag ☐ HeLmet ☐ CarSeat/Booster

☐ Enclosed Veh. ☐ EJected ☐ EXtricated @____ ☐ Pass. Space Intr. ☐ >12" ☐ >18" ☐ Survived Fatal Accident ☐ Impact >20 mph unenclosed ☐ Ped/Bike Runover/Thrown/>20mph ☐ Ped/Bike <20mph ☐ Motorcycle/Moped

☐ SPorts/Recreation ☐ ASsault ☐ STabbing ☐ GSW ☐ ANimal Bite ☐ CRush ☐ FAll ☐ >15ft/>10ft ☐ Electrical Shock ☐ Thermal Burn

☐ Self-Inflict'd/Acc. ☐ Self-Inflict'd/Int. ☐ HazMat Exposure ☐ Work-Related ☐ Telemetry Data ☐ Medical Hx ☐ Anti-Coag ☐ UNknown ☐ OTher:___

PHYS

PUPIL: ☐ PERL ☐ Unequal ☐ PInpoint ☐ Sluggish ☐ Fixed & Dil. ☐ Cataracts ☐ Pt's Nml

RESP: ☐ Normal ☐ Unequal ☐ JVD ☐ Clear ☐ Stridor ☐ AMU ☐ Wheezes ☐ Rales ☐ Labored ☐ RHonchi ☐ SnorinG ☐ Apnea

SKIN: ☐ Normal ☐ Jaundiced ☐ Cyanotic ☐ Pale ☐ Flushed ☐ Warm ☐ Hot ☐ CoLd ☐ Diaph

Cap Refill: ☐ NoRmal/ ☐ DElayed

12 LEAD: 12 LEAD TIME: ___ ☐ NL ☐ ABnl ☐ STEMI ☐ ArtiFact ☐ Wavy Baseline ☐ Paced Rhythm

V SIGNS

Time	TM#	BP	Pulse	Resp	SpO2%	T Vol (N + –)	Pain (0-10)
		/					
		/					
		/					
		/					
		/					

MEDS / DEFIB

Time	TM#	Rhythm	Meds/Defib	Dose	Route	Result
		c̄				
		c̄ Attach EKG				
		c̄				
		c̄				
		c̄				

ARREST

Wit. ☐ Citizen ☐ EMS ☐ None ☐ Citizen CPR ☐ Citizen AED

EMS CPR @ _____ (time)

☐ Arrest to CPR: _____ (min)

☐ AED ☐ Analyze ☐ Defib

☐ ALS Resuscitation (use page 2)

Reason(s) for withholding resuscitation:

☐ DNR/AHCD/POLST
☐ ASY> ___min ___ Time of 814 Death
☐ RIgor ☐ LIvidity ☐ BI. Trauma
☐ OTher _____
☐ FAmily: _____ (relationship)
(sig) _____

PRN Meds

☐ ALB ☐ NTG ☐ MID ☐ MS ☐ D50 ☐ GLU ☐ NAR
OT _____

☐ MIDAZOLAM Given: ___ mg Wasted: ___ mg

☐ MORPHINE Given: ___ mg Wasted: ___ mg

Narcotic wasted: RN Witness
Name (print) _____
Signature: _____

Reassessment after Therapies and/or Condition on Transfer:

Total IV Fluids Received: _____ ml's

Care Transferred To: ☐ Facility ☐ ALS ☐ BLS ☐ Heli

Transfer VS

Time	TM#	BP	Pulse	Resp	SpO2	EKG	GCS E	GCS M	GCS V
						c̄			

Signature TM completing form

Sig #1 | Sig #2 | Reviewed By

PATIENT ASSESSMENT

Pt ____of____ # Pts ____ Transported

Orig. Seq. # _____

RC

Age ____ ☐ Y ☐ M ☐ D ☐ H ☐ Est.

Gender: ☐ M ☐ F

Wt ____ ☐ lb ☐ kg

Peds Color Code ☐ Too Tall

Distress Level ☐ Sev ☐ Mod ☐ MilD ☐ None

Complaint { 1 2 3 4

Mechanism of Injury { 1 2 3 4

GCS/mLAPSS

Time		
Eyes		
Verbal		
Motor		
GCS Total		

☐ NorMal for pt / Age

mLAPSS ☐ Met ☐ Not Met

Last known well:

Date: _____ ☐ UNK

Time: _____

SPECIAL CIRCUMSTANCES

☐ BArriers to Pt Care _____
☐ Poison Control Contacted
☐ Abuse Suspected
Reported To: _____
☐ ETOH Suspected
☐ Drugs Suspected

THERAPIES

TM #

☐ Bk Blows/Thrust ___
☐ BVM ___
☐ Breath Sounds
☐ Chest Rise
☐ Existing Trach.
☐ OP/NP Airway ___
☐ Cooling Measures ___
☐ DRessings ___
☐ Ice Pack ___
☐ TourniQuet ___
☐ OXy ____NC or M ___
☐ REstraints ___
☐ Distal CSM Intact ___
☐ Spinal MotIon Rest ___
☐ CMS Intact - Before ___
☐ CMS Intact - After ___
☐ SPlint ☐ Traction S ___
☐ SUction ___
☐ BLd Gluc #1 ___ ___
#2 ___
☐ CPAP @ ___ cm H_2O ___
@ _____ time
☐ FB Removal ___
☐ IV ___ g___ site ___
☐ I.O. ___ g___ site ___
☐ Needle THoracost ___
☐ Vagal Maneuvers ___
☐ TC Pacing, mA ___ ___
@Time _____ bpm ___
☐ OTher _____ ___

MULTICASUALTY INCIDENT

Name: ______ Triage Tag # ______ Age ______ Sex ______ Wt ______	☐ Immediate ☐ Delayed ☐ Minor ☐ DOA	Injuries:	Resp: ______ Pulse: ______ Cap Refill: ☐ < 2 seconds ☐ > 2 seconds GCS: ______	Treatment:	Receiving Facility: ______ ETA/Unit ______ / ______
Name: ______ Triage Tag # ______ Age ______ Sex ______ Wt ______	☐ Immediate ☐ Delayed ☐ Minor ☐ DOA	Injuries:	Resp: ______ Pulse: ______ Cap Refill: ☐ < 2 seconds ☐ > 2 seconds GCS: ______	Treatment:	Receiving Facility: ______ ETA/Unit ______ / ______
Name: ______ Triage Tag # ______ Age ______ Sex ______ Wt ______	☐ Immediate ☐ Delayed ☐ Minor ☐ DOA	Injuries:	Resp: ______ Pulse: ______ Cap Refill: ☐ < 2 seconds ☐ > 2 seconds GCS: ______	Treatment:	Receiving Facility: ______ ETA/Unit ______ / ______
Name: ______ Triage Tag # ______ Age ______ Sex ______ Wt ______	☐ Immediate ☐ Delayed ☐ Minor ☐ DOA	Injuries:	Resp: ______ Pulse: ______ Cap Refill: ☐ < 2 seconds ☐ > 2 seconds GCS: ______	Treatment:	Receiving Facility: ______ ETA/Unit ______ / ______
Name: ______ Triage Tag # ______ Age ______ Sex ______ Wt ______	☐ Immediate ☐ Delayed ☐ Minor ☐ DOA	Injuries:	Resp: ______ Pulse: ______ Cap Refill: ☐ < 2 seconds ☐ > 2 seconds GCS: ______	Treatment:	Receiving Facility: ______ ETA/Unit ______ / ______
Name: ______ Triage Tag # ______ Age ______ Sex ______ Wt ______	☐ Immediate ☐ Delayed ☐ Minor ☐ DOA	Injuries:	Resp: ______ Pulse: ______ Cap Refill: ☐ < 2 seconds ☐ > 2 seconds GCS: ______	Treatment:	Receiving Facility: ______ ETA/Unit ______ / ______